



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
DATAMASTER MAINTENANCE REPORT

BREATH ALCOHOL PROGRAM

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN 204164 FN #127294	DNSS DATE OF INSPECTION 05-29-09
LOCATION OF INSTRUMENT (STREET AND CITY) CASS COUNTY SHERIFF'S OFFICE HARRISONVILLE, MO	TIME OF INSPECTION 1339

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED)

☒ COMPUTER

☒ DETECTOR

☒ PROGRAM

☒ FILTERS

☒ HEATERS SAMPLE CHAMBER **50** °C

☒ QUARTZ STANDARD

☒ FLOW DETECTOR

☒ CALIBRATION

☒ PUMP HIGH SPEED

☒ PRINTER

☒ INDICATOR LIGHTS

☒ TIME AND DATE

☒ SIMULATOR TEMPERATURE (34 °C ± 0.2°C) **34.2°C**

☒ CALIBRATION CHECK -

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)

☐ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 **.097**

TEST 2 **.098**

TEST 3 **.100**

☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS 4	(0-.04) 0	(.05-.09) 2	(.10-.14) 0	(.15-.19) 1	(Over .19) 0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

INSTRUMENT IS WORKING PROPERLY AND WITHIN D.O.H. GUIDELINES
GUTH LABORATORIES INC SOLUTION BOTTLE# 570, LOT# 08240, EXP DATE 07-14-09

INSPECTING OFFICER

SIGNATURE
[Signature]
TYPE II PERMIT NUMBER/EXPIRATION DATE
820102 / 03-12-10

PRINT NAME
W. L. OLIVER
TELEPHONE NUMBER
(816) 622-6800



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08240** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1221** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **July 14, 2009** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204164
05/29/09

TESTING OFFICER:
OLIVER/WILLIAM/E
OFFICER I.D.: 1247
PERMIT NUMBER: 820102
EXPIRATION DATE: 03/12/10
MISCELLANEOUS DATA:
NTC

--- SUPERVISOR MODE ---

BLANK TEST	.000	13:42
INTERNAL STANDARD	VERIFIED	13:42
EXTERNAL STANDARD	.097	13:43
BLANK TEST	.000	13:43
EXTERNAL STANDARD	.098	13:44
BLANK TEST	.000	13:44
EXTERNAL STANDARD	.100	13:45
BLANK TEST	.000	13:45

N = 3
SIM. = .1
AVG. = .0983

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204164
05/29/09
13:39

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	OK
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnopqrstuvwxyz{|}~

Operator Signature

Printed on recycled paper with agri-based inks

CMSU 2208-02

Operator Signature

Printed on recycled paper with agri-based inks

CMSU

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204164
05/29/09

TESTING OFFICER:

OLIVER/WILLIAM/E

OFFICER I.D.: 1247

PERMIT NUMBER: 820102

EXPIRATION DATE: 03/12/10

MISCELLANEOUS DATA:

RFI

--- SUPERVISOR MODE ---

RADIO INTERFERENCE

Operator Signature

T. Mordley

Printed on recycled paper with agri-based inks

CMSU 2208-02

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



WILLIAM OLIVER

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 03/12/08

Number 820102

Expires 03/12/2010

MO 580-0771 (7-88)

Eric C. O'Leary
Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)